



### CREDIT APPLICATION

Company Name			
Address			
Address		City	
Prov or State		Postal/Zip Code	
Tel	(____) _____ - _____	Fax	(____) _____ - _____
A/P Contact		Title	
A/P email			

#### OWNERS OR PRINCIPAL SHAREHOLDERS

	#1	#2	#3
Name			
Address			
City / Prov or State			

#### GENERAL

GST #	_____	PRODUCT LINE REQUESTED
QST #	_____	Deck Cover <input type="checkbox"/>
IRS #	_____	Millwork <input type="checkbox"/>
Monthly Credit Limit Request \$	_____	Window Covering <input type="checkbox"/>
Estimated Annual Sales Volume \$	_____	Years in Business _____

#### BUSINESS REFERENCES

	#1	#2	#3
Name			
Address			
City / Prov or State			
Tel #	(____) _____ - _____	(____) _____ - _____	(____) _____ - _____
Fax:	(____) _____ - _____	(____) _____ - _____	(____) _____ - _____

#### BANK REFERENCES

Bank	_____	Account #	_____
Contact	_____	Title	_____
Tel #	(____) _____ - _____	Fax	(____) _____ - _____
Address	_____	City	_____
Prov or State	_____	Postal/Zip Code	_____

#### PAYMENT METHOD

Payment  Check  Credit Card  Wire Transfer  Other

#### TERMS OF CREDIT

We accept the following terms of credit in respect of our credit account:

- All invoices are payable in full upon delivery. Interest shall be charged on the unpaid balance, 30 days following the date of delivery at the rate of 1.5 % per month (18 % per annum).
- Should Plastibec be required to institute legal proceedings to recover any amount owing by us, we agree to pay as liquidated damages an amount equal to 18 % of the amount owing.
- The undersigned binds and incurs the liability of the client, but also obliges himself personally and jointly and severally with the client to pay any balance owed to Plastibec the whole without benefit of discussion nor division.

Please, enclose a copy of your latest audited financial report.

We authorize Plastibec to contact the credit references supplied.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



### COMPANY PROFILE

Company Name	_____
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#### GENERAL

# Employees	_____	Distributor	<input type="checkbox"/>	Retail Chain	<input type="checkbox"/>
Plant	_____	Fabricator	<input type="checkbox"/>	Retailer	<input type="checkbox"/>
Office	_____	Retail Fabricator	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
		Export	<input type="checkbox"/>	Installer	<input type="checkbox"/>

#### OTHER BILLING LOCATION

Name	_____
Address	_____
Address	_____
City / Prov or State	_____
Tel #	(____) _____ - _____
Fax	(____) _____ - _____
Contact	_____
email	_____

#### OTHER SHIP TO LOCATION(S)

Name	_____	List to be provided <input type="checkbox"/>
Address	_____	
Address	_____	
City / Prov or State	_____	
Tel #	(____) _____ - _____	
Fax	(____) _____ - _____	
Contact	_____	
email	_____	

#### DELIVERY METHOD

Carrier Name 1	_____	Account #	_____
Carrier Name 2	_____	Account #	_____
Carrier Name 3	_____	Account #	_____
Other	_____	Account #	_____
Requires Appointment	_____		
Contact	_____		
Tel	(____) _____ - _____		
email	_____		

#### SALES REPRESENTATION (Internal-Plastibec)

Sales Person 1	_____	Account #	_____
Sales Person 2	_____	Account #	_____
CS Branch Plant	_____		
Entered	_____	Date	_____